

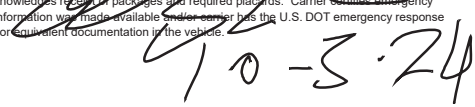


EXHIBIT D

Bills of Lading

Printed: 10/03/2024 13:53:14 PST		BILL OF LADING		924863		Page 1																																																									
SHIP FROM				Bill Of Lading Number: 01965570000455674  (402) 01965570000455674																																																											
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>																																																															
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 02 Seal number(s): F3205390																																																											
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#TMS: 14096912 <div style="text-align: right;">FOB: <input type="checkbox"/></div>				SCAC: RBCL Pro Number:																																																											
THIRD PARTY FREIGHT CHARGES BILL TO:																																																															
City/St/Zip:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____																																																											
SPECIAL INSTRUCTIONS: Load/Auth# 14096912 Appt..02:00 pm / Arrival..01:52 pm / Depart..01:53 pm																																																															
CUSTOMER ORDER INFORMATION				<div style="text-align: center;"> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small> </div>																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CUSTOMER ORDER NUMBER</th> <th># PKGS</th> <th>WEIGHT lbs</th> <th colspan="2">PALLET/SLIP (CIRCLE ONE)</th> <th>SID#</th> <th>MABD</th> <th>DEPT</th> <th>Pallet(s)</th> <th>CBFT</th> </tr> </thead> <tbody> <tr> <td>0095620068</td> <td>359</td> <td>3,982.93</td> <td>Y</td> <td>N</td> <td>0001010097</td> <td>10/10/2024</td> <td></td> <td>11</td> <td>791.84</td> </tr> <tr><td> </td><td> </td><td> </td><td>Y</td><td>N</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>Y</td><td>N</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>Y</td><td>N</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td>Y</td><td>N</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								CUSTOMER ORDER NUMBER	# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		SID#	MABD	DEPT	Pallet(s)	CBFT	0095620068	359	3,982.93	Y	N	0001010097	10/10/2024		11	791.84				Y	N									Y	N									Y	N									Y	N	
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		SID#	MABD	DEPT	Pallet(s)	CBFT																																																						
0095620068	359	3,982.93	Y	N	0001010097	10/10/2024		11	791.84																																																						
			Y	N																																																											
			Y	N																																																											
			Y	N																																																											
			Y	N																																																											
GRAND TOTAL 359 4444.93 Includes Pallet Weight of 462.00 lbs				CARRIER INFORMATION																																																											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY																																																								
QTY	TYPE	QTY	TYPE				NMFC #	CLASS																																																							
						SEE ATTACHED SUPPLEMENT PAGE																																																									
				GRAND TOTAL		Includes PLT Weight																																																									
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>																																																									
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).																																																															
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>																																																									
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier will file emergency response information via radio or other means if the U.S. DOT emergency response guidebook or equivalent documentation is in the vehicle. 																																																									
Property described above is received in good order, except as noted.																																																															

Date: 10/03/2024 13:53:14 PST




SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000455674

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		178	CS	1452.28		Cookware or Bakeware	052880-03	250
		46	CS	413.25		Cookware or Bakeware	052880-05	125
		9	CS	95.40		Cookware or Bakeware	052880-06	100
		68	CS	870.40		Cookware or Bakeware	052880-09	70
		1	CS	16.20		Articles consist of Household Utensils or Related Article	100500-06	100
		3	CS	105.40		Articles consist of Household Utensils or Related Article	100500-08	85
		38	CS	950.00		Articles consist of Household Utensils or Related Article	100500-10	65
		16	CS	80.00		Cups, Liners or Molds,baking, or Cups	153900-03	250
0		359		3982.93		GRAND TOTAL		

Printed: 10/04/2024 12:04:33 PST		BILL OF LADING		924547		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000454868  (402) 01965570000454868					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 1003 Seal number(s): 					
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14088624 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>				SCAC: RBCL Pro Number:					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14088624 Appt..01:00 pm / Arrival..11:11 am / Depart..12:04 pm									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION				
					SID#	MABD	DEPT	Pallet(s)	
0095615394		3245	9,131.65	Y N	0001010097	08/12/2024		18	
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		3245	9887.65	Includes Pallet Weight of 756.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE			
						GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  10-4-24 Property described above is received in good order, except as noted.			

Date: 10/04/2024 12:04:33 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000454868**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		1,416	CS	3186.00		Toilet Preparations/personal care products	059420-04	175
		100	CS	215.00		Toilet Preparations/personal care products	059420-05	125
		148	CS	229.40		Toilet Preparations/personal care products	059420-06	100
		546	CS	1255.80		Toilet Preparations/personal care products	059420-08	85
		687	CS	2696.85		Toilet Preparations/personal care products	059420-09	70
		348	CS	1548.60		Toilet Preparations/personal care products	059420-10	65
0		3,245		9131.65		GRAND TOTAL		

Date: 10/11/2024 13:35:14 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000460197

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		24	CS	543.60		Cookware or Bakeware	052880-07	92.5
		58	CS	1237.20		Cookware or Bakeware	052880-08	85
		7	CS	137.16		Toilet Preparations/personal care products	059420-04	175
		1	CS	29.76		Toilet Preparations/personal care products	059420-07	92.5
		226	CS	3243.84		Toilet Preparations/personal care products	059420-08	85
		251	CS	4611.92		Toilet Preparations/personal care products	059420-09	70
		70	CS	1443.24		Toilet Preparations/personal care products	059420-10	65
		43	CS	622.44		Toilet Preparations/personal care products	059420-11	60
		88	CS	1341.72		Glassware	088160-08	85
		3	CS	27.36		Glassware	088160-09	70
		14	CS	37.26		Articles consist of Household Utensils or Related Article	100500-04	175
		9	CS	171.36		Articles consist of Household Utensils or Related Article	100500-06	100
		36	CS	592.20		Articles consist of Household Utensils or Related Article	100500-08	85
		108	CS	1810.80		Articles consist of Household Utensils or Related Article	100500-09	70
		119	CS	2267.52		Articles consist of Household Utensils or Related Article	100500-10	65
0		1,057		18117.38		GRAND TOTAL		

Date: 10/22/2024 14:46:56 PST



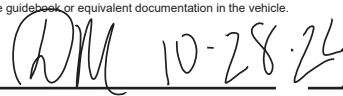
SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000461040

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		23	CS	520.95		Cookware or Bakeware	052880-07	92.5
		56	CS	1194.20		Cookware or Bakeware	052880-08	85
		6	CS	110.88		Toilet Preparations/personal care products	059420-04	175
		1	CS	29.76		Toilet Preparations/personal care products	059420-07	92.5
		194	CS	2890.17		Toilet Preparations/personal care products	059420-08	85
		203	CS	3698.62		Toilet Preparations/personal care products	059420-09	70
		66	CS	1358.42		Toilet Preparations/personal care products	059420-10	65
		55	CS	795.12		Toilet Preparations/personal care products	059420-11	60
		70	CS	1067.40		Glassware	088160-08	85
		36	CS	834.24		Glassware	088160-09	70
		11	CS	29.76		Articles consist of Household Utensils or Related Article	100500-04	175
		7	CS	141.12		Articles consist of Household Utensils or Related Article	100500-06	100
		34	CS	559.30		Articles consist of Household Utensils or Related Article	100500-08	85
		102	CS	1710.20		Articles consist of Household Utensils or Related Article	100500-09	70
		113	CS	2153.28		Articles consist of Household Utensils or Related Article	100500-10	65
0		977		17093.42		GRAND TOTAL		

Printed: 10/28/2024 17:33:33 PST		BILL OF LADING		927948		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000470714  (402) 01965570000470714					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: JB HUNT INTERMODAL Trailer number: 319799 Seal number(s): F0502050 SCAC: HJBI Pro Number:					
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14130553-14130551 <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14130553-14130551 Appt.:02:00 pm / Arrival.:05:19 pm / Depart.:05:33 pm 848065									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION			
						SID#	MABD		
						DEPT	Pallet(s)		
						CBFT			
0095638433		368	4,684.32	Y	N	0001010097	10/31/2024		
0095637425		730	9,947.14	Y	N	0001010097	10/31/2024		
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL		1098	14631.46	Includes Pallet Weight of 0.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE			
						GRAND TOTAL			
						Includes PLT Weight			
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  10-28-24 Property described above is received in good order, except as noted.			

Date: 10/28/2024 17:33:33 PST




SUPPLEMENT TO THE BILL OF LADING



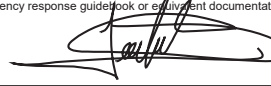
Page 2



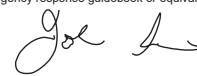
Bill Of Lading Number: 01965570000470714

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		22	CS	321.84		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		45	CS	540.00		Aluminum Articles, NOI, in boxes or crates	013120-07	92.5
		337	CS	5038.15		Aluminum Articles, NOI, in boxes or crates	013120-08	85
		177	CS	2584.20		Cooking, baking or heating utensils	052860-07	92.5
		149	CS	1462.95		Cooking, baking or heating utensils	052860-08	85
		15	CS	180.00		Cookware or Bakeware	052880-04	175
		1	CS	24.00		Cookware or Bakeware	052880-06	100
		145	CS	2597.43		Articles consist of Household Utensils or Related Articles	100500-03	250
		4	CS	52.80		Plastic or Rubber Articles	156600-04	175
		9	CS	51.84		Plastic or Rubber Articles	156600-05	125
		169	CS	1628.25		Plastic or Rubber Articles	156600-06	100
		25	CS	150.00		Plastic or Rubber Articles	156600-07	92.5
0		1,098		14631.46		GRAND TOTAL		

Printed: 10/30/2024 14:52:32 PST		BILL OF LADING		927920		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000470639  (402) 01965570000470639					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 7766 Seal number(s): SCAC: RBCL Pro Number:					
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14130547 3342866633 FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14130547 Appt.:01:00 pm / Arrival.:02:36 pm / Depart.:02:52 pm 847964									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	SID#	MABD	DEPT	Pallet(s)	CBFT
0095637423		983	13,178.27	Y N	0001010097	10/31/2024		15	1,198.35
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		983	13808.27	Includes Pallet Weight of 630.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
		47	CS	1312.92		Aluminum Articles, NOI, in boxes or crates		013120-06	100
		54	CS	648.00		Aluminum Articles, NOI, in boxes or crates		013120-07	92.5
		416	CS	6219.20		Aluminum Articles, NOI, in boxes or crates		013120-08	85
		226	CS	3299.60		Cooking, baking or heating utensils		052860-07	92.5
		240	CS	2328.55		Cooking, baking or heating utensils		052860-08	85
15		983		13808.27		GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature _____</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  10/30/24 <div style="text-align: right;">Property described above is received in good order, except as noted.</div>			

Printed: 10/30/2024 14:46:02 PST		BILL OF LADING		928320		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000471933  (402) 01965570000471933			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 7766 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14130552 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14130552 Appt.:01:00 pm / Arrival:02:32 pm / Depart:02:45 pm 848544							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637424		706	10,315.75	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		706	10819.75	Includes Pallet Weight of 504.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		81	CS	1476.00		Aluminum Articles, NOI, in boxes or crates	
		625	CS	9343.75		Aluminum Articles, NOI, in boxes or crates	
12		706		10819.75		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  10/30/24 Property described above is received in good order, except as noted.	

Printed: 10/30/2024 15:41:45 PST		BILL OF LADING		927159		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000466281  (402) 01965570000466281					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: BLUE GRACE Trailer number: 21 Seal number(s): SCAC: BGLF Pro Number:					
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#/TMS: 14112453, 14112455 5706952848 FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14112453, 14112455 Appt.:09:00 am / Arrival:02:07 pm / Depart.:03:41 pm 843053									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION			
						SID#	MABD		
						DEPT	Pallet(s)		
							CBFT		
0095629452		1064	18,629.04	Y	N	0001010097	10/21/2024		
0095629452		485	8,627.22	Y	N	0001010097	10/21/2024		
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL		1549	28306.26	Includes Pallet Weight of 1050.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE			
						GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  10/30 25 pm Property described above is received in good order, except as noted.			

Date: 10/30/2024 15:41:45 PST



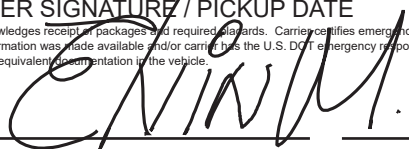
SUPPLEMENT TO THE BILL OF LADING



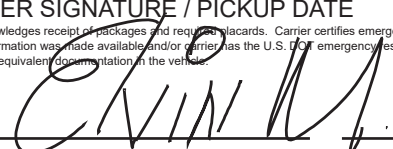
Page 2




Bill Of Lading Number: 01965570000466281



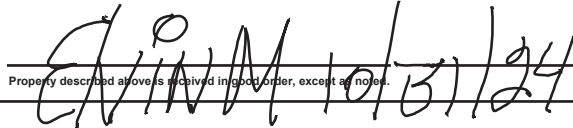
CARRIER INFORMATION




HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		37	CS	838.05		Cookware or Bakeware	052880-07	92.5
		88	CS	1876.60		Cookware or Bakeware	052880-08	85
		10	CS	216.00		Toilet Preparations/personal care products	059420-04	175
		1	CS	29.76		Toilet Preparations/personal care products	059420-07	92.5
		297	CS	4495.01		Toilet Preparations/personal care products	059420-08	85
		341	CS	6218.92		Toilet Preparations/personal care products	059420-09	70
		111	CS	2327.51		Toilet Preparations/personal care products	059420-10	65
		88	CS	1272.12		Toilet Preparations/personal care products	059420-11	60
		102	CS	1555.20		Glassware	088160-08	85
		46	CS	1059.36		Glassware	088160-09	70
		17	CS	46.08		Articles consist of Household Utensils or Related Article	100500-04	175
		10	CS	201.60		Articles consist of Household Utensils or Related Article	100500-06	100
		55	CS	904.75		Articles consist of Household Utensils or Related Article	100500-08	85
		165	CS	2766.50		Articles consist of Household Utensils or Related Article	100500-09	70
		181	CS	3448.80		Articles consist of Household Utensils or Related Article	100500-10	65
0		1,549		27256.26		GRAND TOTAL		

Printed: 10/31/2024 11:10:38 PST		BILL OF LADING		927516		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000468131  (402) 01965570000468131			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: TFLXZ530140 Seal number(s): F3205829 SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14128506 <div style="text-align: right;">3342866633 FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14128506 Appt.: 10:00 am / Arrival: 10:23 am / Depart.: 11:10 am 847408							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637830		71	1,837.21	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		71	1921.21	Includes Pallet Weight of 84.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		5	CS	195.25		Tools, hand, kitchen, NOI, other than power	
		27	CS	845.64		Tools, hand, kitchen, NOI, other than power	
		39	CS	880.32		Tools, hand, kitchen, NOI, other than power	
2		71		1921.21		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 10/31/2024 11:12:35 PST		BILL OF LADING		929058		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000474880  (402) 01965570000474880			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: TFLXZ530140 Seal number(s): F3205829			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14135529 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>				SCAC: RBCL Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14135529 Appt.: 10:00 am / Arrival: 10:23 am / Depart: 11:12 am 849888							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637421		790	8,681.85	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		790	9101.85	Includes Pallet Weight of 420.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		121	CS	2162.40		Aluminum Articles, NOI, in boxes or crates	
		486	CS	4276.80		Aluminum Articles, NOI, in boxes or crates	
		183	CS	2662.65		Cooking, baking or heating utensils	
10		790		9101.85		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 10/31/2024 15:12:13 PST		BILL OF LADING		928321		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000471940  (402) 01965570000471940			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: TRXZ530140 Seal number(s): F0502014 SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14130548 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14130548 Appt.:08:00 am / Arrival.:01:55 pm / Depart.:03:10 pm 847982							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637424		770	9,103.61	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		770	9607.61	Includes Pallet Weight of 504.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		71	CS	1535.76		013120-06	100
		339	CS	4949.40		052860-07	92.5
		360	CS	3122.45		052860-08	85
12		770		9607.61		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 10/31/2024 15:17:32 PST		BILL OF LADING		929065		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000474958  (402) 01965570000474958			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: TRXZ530140 Seal number(s): F0502014 SCAC: RBCL Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14135215 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14135215 Appt.:08:00 am / Arrival:01:56 pm / Depart.:03:17 pm 849988							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095642806		64	931.20	Y	N	0001010097	11/08/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		64	1015.20	Includes Pallet Weight of 84.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		64	CS	1015.20		052860-07	92.5
2		64		1015.20		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of _____ 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 10/31/2024 15:21:43 PST		BILL OF LADING		929465		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000476976  (402) 01965570000476976			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 04 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14143215 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14143215 Appt.:01:00 pm / Arrival.:01:18 pm / Depart.:03:21 pm 850885							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095652854		353	7,663.32	Y	N	0001010097	11/07/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		353	8125.32	Includes Pallet Weight of 462.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
						SEE ATTACHED SUPPLEMENT PAGE	
				GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 	
Property described above is received in good order, except as noted.							




Date: 10/31/2024 15:21:43 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000476976**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		33	CS	586.80		Cookware or Bakeware	052880-08	85
		5	CS	187.20		Articles consist of Household Utensils or Related Article	100500-05	125
		99	CS	1855.20		Articles consist of Household Utensils or Related Article	100500-06	100
		66	CS	1624.56		Articles consist of Household Utensils or Related Article	100500-07	92.5
		133	CS	3131.64		Articles consist of Household Utensils or Related Article	100500-08	85
		6	CS	129.60		Tools, hand, kitchen, NOI, other than power	101425-08	85
		11	CS	148.32		Tools, hand, kitchen, NOI, other than power	101425-09	70
0		353		7663.32		GRAND TOTAL		

Printed: 10/31/2024 15:18:54 PST		BILL OF LADING		929466		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000476983  (402) 01965570000476983			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 04 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14143218 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14143218 Appt.:01:00 pm / Arrival.:01:18 pm / Depart.:03:18 pm 850942							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095653074		306	6,650.74	Y	N	0001010097	11/07/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		306	7070.74	Includes Pallet Weight of 420.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
						SEE ATTACHED SUPPLEMENT PAGE	
				GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 	
Property described above is received in good order, except as noted.							




Date: 10/31/2024 15:18:54 PST



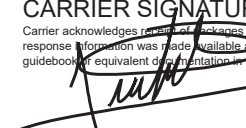
SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000476983**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		28	CS	504.00		Cookware or Bakeware	052880-08	85
		5	CS	187.20		Articles consist of Household Utensils or Related Article	100500-05	125
		85	CS	1614.72		Articles consist of Household Utensils or Related Article	100500-06	100
		57	CS	1406.02		Articles consist of Household Utensils or Related Article	100500-07	92.5
		116	CS	2733.60		Articles consist of Household Utensils or Related Article	100500-08	85
		5	CS	108.00		Tools, hand, kitchen, NOI, other than power	101425-08	85
		10	CS	97.20		Tools, hand, kitchen, NOI, other than power	101425-09	70
0		306		6650.74		GRAND TOTAL		

Printed: 11/01/2024 09:21:05 PST		BILL OF LADING		929136		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000475108  (402) 01965570000475108					
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 7766 Seal number(s): F3205867					
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14143221 <div style="text-align: right;">3342866633 FOB: <input type="checkbox"/></div>				SCAC: RBCL Pro Number:					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14143221 Appt..08:00 am / Arrival..08:47 am / Depart..09:20 am 850766									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION				
					SID#	MABD	DEPT	Pallet(s)	
0095653076		109	3,470.60	Y N	0001010097	11/07/2024		4	
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		109	3638.60	Includes Pallet Weight of 168.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
		78	CS	2548.67		Articles consist of Household Utensils or Related Articles		100500-08	85
		31	CS	1089.93		Articles consist of Household Utensils or Related Articles		100500-09	70
4		109		3638.60		GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information is available and/or carrier has the U.S. DOT emergency response guidebook or equivalent information in the vehicle.  <div style="float: right; font-size: 2em;">11/1/24</div>	
Property described above is received in good order, except as noted.									

Printed: 11/01/2024 09:20:01 PST		BILL OF LADING		929135		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000475092  (402) 01965570000475092					
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 7766 Seal number(s): F3205867					
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#TMS: 14143223 <div style="text-align: right;">FOB: <input type="checkbox"/></div>				SCAC: RBCL Pro Number:					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14143223 Appt..08:00 am / Arrival..08:46 am / Depart..09:19 am 850704									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION				
					SID#	MABD	DEPT	Pallet(s)	
0095653078		89	2,737.35	Y N	0001010097	11/07/2024		3	
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		89	2863.35	Includes Pallet Weight of 126.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
		68	CS	2210.25		Articles consist of Household Utensils or Related Articles		100500-08	85
		21	CS	653.10		Articles consist of Household Utensils or Related Articles		100500-09	70
3		89		2863.35		GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  <div style="float: right; font-size: 2em;">11/1/24</div>			
Property described above is received in good order, except as noted.									

Date: 11/01/2024 13:22:08 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000475115**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		309	CS	1866.45		Glassware	088160-10	65
		12	CS	236.16		Articles consist of Household Utensils or Related Article	100500-05	125
		48	CS	950.40		Articles consist of Household Utensils or Related Article	100500-06	100
		87	CS	2359.44		Articles consist of Household Utensils or Related Article	100500-07	92.5
		34	CS	681.12		Articles consist of Household Utensils or Related Article	100500-08	85
			EA			Tools, hand, kitchen, NOI, other than power	101425-05	125
		28	CS	649.81		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
0		518		6743.38		GRAND TOTAL		


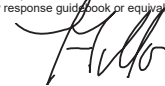

Date: 11/04/2024 11:41:01 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000474934**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		67	CS	964.80		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		225	CS	3712.50		Aluminum Articles, NOI, in boxes or crates	013120-08	85
		503	CS	7522.63		Cooking, baking or heating utensils	052860-07	92.5
		3	CS	72.31		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		15	CS	469.80		Tools, hand, kitchen, NOI, other than power	101425-08	85
		20	CS	461.28		Tools, hand, kitchen, NOI, other than power	101425-09	70
0		833		13203.32		GRAND TOTAL		

Printed: 11/04/2024 11:21:22 PST		BILL OF LADING		929147		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000475153  (402) 01965570000475153					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: JB HUNT INTERMODAL Trailer number: 302976 Seal number(s): F0502044 SCAC: HJBI Pro Number:					
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14139121-14139126 3342866633 FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14139121-14139126 Appt.: 10:00 am / Arrival: 10:39 am / Depart.: 11:21 am 850325									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION			
						SID#	MABD		
						DEPT	Pallet(s)		
							CBFT		
0095638431		213	4,082.76	Y	N	0001010097	10/31/2024		
0095638431		209	5,163.24	Y	N	0001010097	10/31/2024		
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL		422	10296.00	Includes Pallet Weight of 1050.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE			
						GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <div style="text-align: right;">  11-4/24 </div>			
						Property described above is received in good order, except as noted.			

Date: 11/04/2024 11:21:22 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000475153**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		139	CS	2847.24		Cookware or Bakeware	052880-04	175
		107	CS	2611.08		Articles consist of Household Utensils or Related Article	100500-03	250
		76	CS	2015.52		Plastic or Rubber Articles	156600-04	175
		16	CS	247.68		Plastic or Rubber Articles	156600-05	125
		44	CS	506.88		Plastic or Rubber Articles	156600-06	100
		25	CS	636.00		Plastic or Rubber Articles	156600-07	92.5
		15	CS	381.60		Plastic or Rubber Articles	156600-08	85
0		422		9246.00		GRAND TOTAL		

Date: 11/04/2024 13:23:16 PST



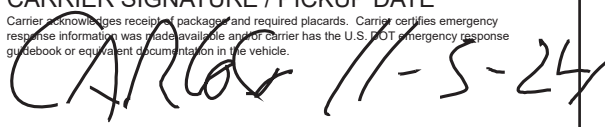
SUPPLEMENT TO THE BILL OF LADING


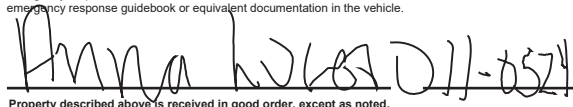
Page 2

Bill Of Lading Number: 01965570000475160

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		6	CS	72.00		Cookware or Bakeware	052880-04	175
		1	CS	24.00		Cookware or Bakeware	052880-06	100
		91	CS	3376.20		Articles consist of Household Utensils or Related Articles	100500-04	175
		105	CS	527.51		Plastic or Rubber Articles	156600-03	250
		163	CS	1506.48		Plastic or Rubber Articles	156600-04	175
		19	CS	168.49		Plastic or Rubber Articles	156600-05	125
		370	CS	4414.34		Plastic or Rubber Articles	156600-06	100
		30	CS	180.00		Plastic or Rubber Articles	156600-07	92.5
0		785		10269.01		GRAND TOTAL		

Printed: 11/05/2024 11:45:39 PST		BILL OF LADING		929471		Page 1		
SHIP FROM				Bill Of Lading Number: 01965570000477003  (402) 01965570000477003				
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>								
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 3786 Seal number(s): F3205859 SCAC: RBCL Pro Number:				
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14143222 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>								
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>				
City/St/Zip:								
SPECIAL INSTRUCTIONS: Load/Auth# 14143222 Appt.: 11:30 am / Arrival: 11:24 am / Depart.: 11:45 am 850777								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION			
					SID#	MABD	DEPT	Pallet(s)
0095653077		110	3,477.77	Y N	0001010097	11/07/2024		6
				Y N				
				Y N				
				Y N				
				Y N				
GRAND TOTAL		110	3729.77	Includes Pallet Weight of 252.00 lbs				
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #
		79	CS	2657.82		Articles consist of Household Utensils or Related Articles		100500-08
		31	CS	1071.95		Articles consist of Household Utensils or Related Articles		100500-09
6		110		3729.77		GRAND TOTAL		
						Includes PLT Weight		
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and of Carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11-5-24 Property described above is received in good order, except as noted.		

Printed: 11/05/2024 14:33:33 PST		BILL OF LADING		929467		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000476990  (402) 01965570000476990			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5313 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14143216 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14143216 Appt.:02:00 pm / Arrival.:01:45 pm / Depart.:02:33 pm 850891							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095653073		369	7,946.18	Y	N	0001010097	11/07/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		369	8408.18	Includes Pallet Weight of 462.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
						SEE ATTACHED SUPPLEMENT PAGE	
						LTL ONLY	
						NMFC #	CLASS
						GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Date: 11/05/2024 14:33:33 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000476990**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		34	CS	608.40		Cookware or Bakeware	052880-08	85
		5	CS	187.20		Articles consist of Household Utensils or Related Article	100500-05	125
		104	CS	1933.92		Articles consist of Household Utensils or Related Article	100500-06	100
		69	CS	1696.10		Articles consist of Household Utensils or Related Article	100500-07	92.5
		139	CS	3274.32		Articles consist of Household Utensils or Related Article	100500-08	85
		6	CS	129.60		Tools, hand, kitchen, NOI, other than power	101425-08	85
		12	CS	116.64		Tools, hand, kitchen, NOI, other than power	101425-09	70
0		369		7946.18		GRAND TOTAL		

Date: 11/06/2024 09:21:30 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000475146**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		12	CS	144.00		Cookware or Bakeware	052880-04	175
		110	CS	1600.00		Articles consist of Household Utensils or Related Article	100500-03	250
		94	CS	1134.72		Plastic or Rubber Articles	156600-04	175
		78	CS	1335.60		Plastic or Rubber Articles	156600-05	125
		220	CS	1941.28		Plastic or Rubber Articles	156600-06	100
		56	CS	492.80		Plastic or Rubber Articles	156600-07	92.5
		17	CS	942.48		Plastic or Rubber Articles	156600-11	60
0		587		7590.88		GRAND TOTAL		



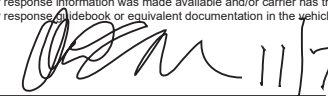
Date: 11/06/2024 11:24:01 PST



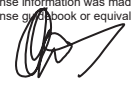
SUPPLEMENT TO THE BILL OF LADING




Page 2



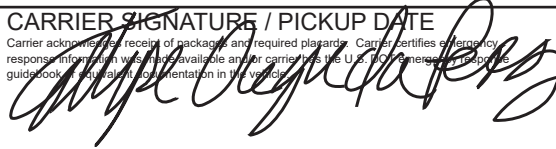
Bill Of Lading Number: 01965570000474941**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		3	CS	66.75		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		18	CS	563.76		Tools, hand, kitchen, NOI, other than power	101425-08	85
		27	CS	610.32		Tools, hand, kitchen, NOI, other than power	101425-09	70
		5	CS	74.00		Plastic or Rubber Articles	156600-04	175
		385	CS	4542.83		Plastic or Rubber Articles	156600-05	125
		74	CS	1882.56		Plastic or Rubber Articles	156600-07	92.5
		72	CS	1831.68		Plastic or Rubber Articles	156600-08	85
0		584		9571.90		GRAND TOTAL		

Printed: 11/07/2024 09:34:09 PST		BILL OF LADING		930460		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481635  (402) 01965570000481635			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5316 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14139123 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139123 Appt.:08:00 am / Arrival:08:37 am / Depart.:09:34 am 852538							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095642828		289	2,654.65	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		289	3158.65	Includes Pallet Weight of 504.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		289	CS	3158.65		Cookware or Bakeware	
12		289		3158.65		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> </div> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of</small> 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  11/7/24 Property described above is received in good order, except as noted.	

Printed: 11/07/2024 09:36:31 PST		BILL OF LADING		930450		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481536  (402) 01965570000481536			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5316 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14149538 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14149538 Appt.:08:30 am / Arrival:08:39 am / Depart.:09:36 am 853219							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095630064		169	2,739.36	Y	N	0001010097	11/25/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		169	2823.36	Includes Pallet Weight of 84.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		153	CS	2523.84		Toilet Preparations/personal care products	
		16	CS	299.52		Articles consist of Household Utensils or Related Articles	
2		169		2823.36		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S./DOT emergency response guidebook or equivalent documentation in the vehicle.  11/7/24 Property described above is received in good order, except as noted.	

Printed: 11/07/2024 09:35:29 PST		BILL OF LADING		930451		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481543  (402) 01965570000481543			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5316 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#/TMS: 14149539 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14149539 Appt.:09:00 am / Arrival:08:39 am / Depart.:09:35 am 853214							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095630065		281	4,566.66	Y	N	0001010097	11/25/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		281	4692.66	Includes Pallet Weight of 126.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		249	CS	4093.62		Toilet Preparations/personal care products	
		32	CS	599.04		Articles consist of Household Utensils or Related Articles	
3		281		4692.66		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/7/24 Property described above is received in good order, except as noted.	

Printed: 11/07/2024 10:10:12 PST		BILL OF LADING		930459		Page 1		
SHIP FROM				Bill Of Lading Number: 01965570000481628  (402) 01965570000481628				
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>								
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5325 Seal number(s): F3205546 SCAC: RBCL Pro Number:				
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14146867 <div style="text-align: right;">3342866633 FOB: <input type="checkbox"/></div>								
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>				
City/St/Zip:								
SPECIAL INSTRUCTIONS: Load/Auth# 14146867 Appt.: 10:30 am / Arrival: 08:40 am / Depart.: 10:10 am 852504								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION			
					SID#	MABD	DEPT	Pallet(s)
0095653753		366	7,636.29	Y N	0001010097	11/14/2024		12
				Y N				
				Y N				
				Y N				
				Y N				
GRAND TOTAL		366	8140.29	Includes Pallet Weight of 504.00 lbs				
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #
						SEE ATTACHED SUPPLEMENT PAGE		CLASS
						GRAND TOTAL		
						Includes PLT Weight		
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook and placard documentation in the vehicle. 		
Property described above is received in good order, except as noted.								

Date: 11/07/2024 10:10:12 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000481628

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		34	CS	587.52		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		25	CS	429.30		Articles consist of Household Utensils or Related Article	100500-03	250
		25	CS	726.06		Articles consist of Household Utensils or Related Article	100500-04	175
		23	CS	562.68		Articles consist of Household Utensils or Related Article	100500-05	125
		32	CS	435.84		Articles consist of Household Utensils or Related Article	100500-06	100
		29	CS	1054.08		Articles consist of Household Utensils or Related Article	100500-08	85
		88	CS	1330.08		Articles consist of Household Utensils or Related Article	100500-09	70
		17	CS	461.22		Articles consist of Household Utensils or Related Article	100500-11	60
		34	CS	631.32		Tools, hand, kitchen, NOI, other than power	101425-06	100
		17	CS	442.00		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		18	CS	289.80		Tools, hand, kitchen, NOI, other than power	101425-08	85
		9	CS	197.40		Tools, hand, kitchen, NOI, other than power	101425-09	70
		15	CS	489.00		Plastic or Rubber Articles	156600-09	70
0		366		7636.29		GRAND TOTAL		

Date: 11/07/2024 10:11:23 PST




SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000481642

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		32	CS	552.96		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		24	CS	412.20		Articles consist of Household Utensils or Related Article	100500-03	250
		23	CS	665.34		Articles consist of Household Utensils or Related Article	100500-04	175
		22	CS	437.64		Articles consist of Household Utensils or Related Article	100500-05	125
		30	CS	408.00		Articles consist of Household Utensils or Related Article	100500-06	100
		27	CS	980.64		Articles consist of Household Utensils or Related Article	100500-08	85
		77	CS	1167.04		Articles consist of Household Utensils or Related Article	100500-09	70
		16	CS	434.09		Articles consist of Household Utensils or Related Article	100500-11	60
		33	CS	611.16		Tools, hand, kitchen, NOI, other than power	101425-06	100
		16	CS	416.00		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		16	CS	257.60		Tools, hand, kitchen, NOI, other than power	101425-08	85
		8	CS	173.40		Tools, hand, kitchen, NOI, other than power	101425-09	70
		14	CS	456.40		Plastic or Rubber Articles	156600-09	70
0		338		6972.46		GRAND TOTAL		

Printed: 11/07/2024 10:37:22 PST		BILL OF LADING		930452		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481550  (402) 01965570000481550			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 3786 Seal number(s): F3205502 SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14149545 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14149545 Appt..08:00 am / Arrival..09:05 am / Depart..10:37 am 853184							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095653754		339	6,907.76	Y	N	0001010097	11/14/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		339	7369.76	Includes Pallet Weight of 462.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
						SEE ATTACHED SUPPLEMENT PAGE	
						LTL ONLY	
						NMFC #	CLASS
						GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small> 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and the carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  11-7-24 <div style="text-align: center; font-size: small;">Property described above is received in good order, except as noted.</div>	

Date: 11/07/2024 10:37:22 PST




SUPPLEMENT TO THE BILL OF LADING



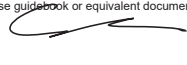
Page 2

Bill Of Lading Number: 01965570000481550

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		32	CS	552.96		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		23	CS	395.10		Articles consist of Household Utensils or Related Article	100500-03	250
		23	CS	665.34		Articles consist of Household Utensils or Related Article	100500-04	175
		20	CS	372.24		Articles consist of Household Utensils or Related Article	100500-05	125
		30	CS	408.00		Articles consist of Household Utensils or Related Article	100500-06	100
		27	CS	980.64		Articles consist of Household Utensils or Related Article	100500-08	85
		86	CS	1279.60		Articles consist of Household Utensils or Related Article	100500-09	70
		16	CS	434.09		Articles consist of Household Utensils or Related Article	100500-11	60
		30	CS	555.10		Tools, hand, kitchen, NOI, other than power	101425-06	100
		16	CS	416.00		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		16	CS	257.60		Tools, hand, kitchen, NOI, other than power	101425-08	85
		6	CS	134.70		Tools, hand, kitchen, NOI, other than power	101425-09	70
		14	CS	456.40		Plastic or Rubber Articles	156600-09	70
0		339		6907.76		GRAND TOTAL		

Printed: 11/07/2024 11:56:27 PST		BILL OF LADING		930454		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481574  (402) 01965570000481574			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: JB HUNT INTERMODAL Trailer number: 250671 Seal number(s): F0502042 SCAC: HJBI Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14139117 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139117 Appt..10:00 am / Arrival..11:55 am / Depart..11:56 am 852513							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095642826		367	3,534.95	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		367	4206.95	Includes Pallet Weight of 672.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		367	CS	4206.95		Cookware or Bakeware	
16		367		4206.95		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> </div> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of</small> 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  11/ 7/24 Property described above is received in good order, except as noted.	

Printed: 11/11/2024 11:56:39 PST		BILL OF LADING		930462		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481659  (402) 01965570000481659			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 2024 Seal number(s): F0502510 SCAC: RBCL Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14139129 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139129 Appt.:08:00 am / Arrival:10:59 am / Depart:11:56 am 852523							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095642826		170	2,143.33	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		170	2479.33	Includes Pallet Weight of 336.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		155	CS	1974.30		Cookware or Bakeware	
		8	CS	362.88		Articles consist of Household Utensils or Related Articles	
		7	CS	142.15		Plastic or Rubber Articles	
8		170		2479.33		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of _____ 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  1/11/25	
Property described above is received in good order, except as noted.							

Date: 11/11/2024 11:58:28 PST



SUPPLEMENT TO THE BILL OF LADING



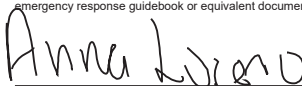
Page 2



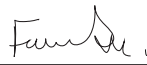
Bill Of Lading Number: 01965570000481567



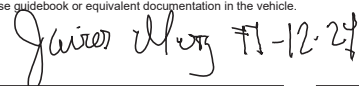
CARRIER INFORMATION



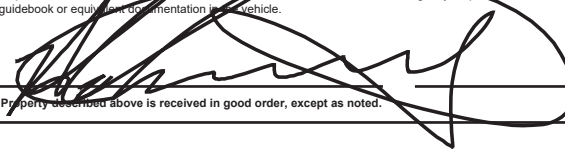
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		183	CS	1033.95		Articles consist of Household Utensils or Related Article	100500-03	250
		87	CS	978.78		Articles consist of Household Utensils or Related Article	100500-04	175
		43	CS	407.76		Articles consist of Household Utensils or Related Article	100500-05	125
		17	CS	252.78		Articles consist of Household Utensils or Related Article	100500-06	100
		34	CS	418.45		Articles consist of Household Utensils or Related Article	100500-07	92.5
		15	CS	324.00		Articles consist of Household Utensils or Related Article	100500-11	60
		17	CS	329.80		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		20	CS	463.47		Tools, hand, kitchen, NOI, other than power	101425-09	70
		42	CS	403.20		Plastic or Rubber Articles	156600-04	175
		27	CS	835.92		Plastic or Rubber Articles	156600-10	65
0		485		5448.11		GRAND TOTAL		

Printed: 11/11/2024 12:00:58 PST		BILL OF LADING		930443		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481475  (402) 01965570000481475			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 2024 Seal number(s): F0502510 SCAC: RBCL Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14149540 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14149540 Appt.:09:00 am / Arrival:10:58 am / Depart:12:00 pm 853223							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095630066		197	3,199.26	Y	N	0001010097	11/29/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		197	3325.26	Includes Pallet Weight of 126.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		169	CS	2805.78		059420-09	70
		28	CS	519.48		100500-07	92.5
3		197		3325.26		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/11/24 Property described above is received in good order, except as noted.	

Printed: 11/11/2024 13:32:59 PST		BILL OF LADING		930729		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000482816  (402) 01965570000482816			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5315 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14136745 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14136745 Appt.:02:00 pm / Arrival:.01:09 pm / Depart.:01:32 pm 853874							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637426		203	3,096.36	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		203	3306.36	Includes Pallet Weight of 210.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		95	CS	2091.00		Articles consist of Household Utensils or Related Articles	
		28	CS	759.36		Articles consist of Household Utensils or Related Articles	
		80	CS	456.00		Tools, hand, kitchen, NOI, other than power	
5		203		3306.36		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11-11-24 Property described above is received in good order, except as noted.	

Printed: 11/11/2024 17:19:35 PST		BILL OF LADING		929061		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000474910  (402) 01965570000474910					
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: UBER FREIGHT Trailer number: 130 Seal number(s): 					
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14130554 <div style="text-align: right;">3342866633 FOB: <input type="checkbox"/></div>				SCAC: UFLB Pro Number:					
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14130554 Appt..02:00 pm / Arrival..04:00 pm / Depart..05:19 pm 849823									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	SID#	ADDITIONAL SHIPPER INFORMATION			
						MABD	DEPT		
						Pallet(s)	CBFT		
0095638434		358	5,564.71	Y N	0001010097	10/31/2024	8 650.18		
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		358	5900.71	Includes Pallet Weight of 336.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
		4	CS	395.20		Plastic or Rubber Articles	156600-04	175	
		256	CS	3012.39		Plastic or Rubber Articles	156600-05	125	
		50	CS	1272.00		Plastic or Rubber Articles	156600-07	92.5	
		48	CS	1221.12		Plastic or Rubber Articles	156600-08	85	
8		358		5900.71		GRAND TOTAL	Includes PLT Weight		
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  <div style="text-align: right;">11/11/24</div>			
Property described above is received in good order, except as noted.									

Printed: 11/12/2024 09:53:35 PST		BILL OF LADING		930468		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481710  (402) 01965570000481710			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: JB HUNT INTERMODAL Trailer number: JBHU344300 Seal number(s): FO502522 SCAC: HJBI Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14139115-14146720 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139115-14146720 Appt.:08:00 am / Arrival.:08:13 am / Depart.:09:53 am 852575							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
						DEPT	Pallet(s)
							CBFT
0095642824		286	2,820.05	Y	N	0001010097	10/31/2024
0095642824		234	2,692.54	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		520	6520.59	Includes Pallet Weight of 1008.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		504	CS	6002.81		Cookware or Bakeware	052880-03 250
		8	CS	355.32		Articles consist of Household Utensils or Related Articles	100500-08 85
		8	CS	162.46		Plastic or Rubber Articles	156600-08 85
24		520		6520.59		GRAND TOTAL	Includes PLT Weight
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11-12-24 Property described above is received in good order, except as noted.	

Printed: 11/12/2024 15:15:43 EST		BILL OF LADING		930127		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000480140  (402) 01965570000480140			
Name: Core Home Address: 155 Knowlton Way Suite 300 City/St/Zip: Savannah, GA 31407 SID# 0001010097 Ship# 53443805 FOB: <input type="checkbox"/>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: Q3335 Seal number(s): 63445476 SCAC: RBCL Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#TMS: 14145615 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14145615 Appt.: 10:00 am / Arrival: 11:51 am / Depart.: 12:15 pm 852552							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095644279		125	1,409.00	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		125	1535.00	Includes Pallet Weight of 126.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		125	CS	1535.00		Aluminum Articles, NOI, in boxes or crates	
3		125		1535.00		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Date: 11/12/2024 10:54:42 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000481611

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		17	CS	408.00		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		213	CS	2139.90		Cookware or Bakeware	052880-03	250
		6	CS	142.56		Cookware or Bakeware	052880-04	175
		4	CS	86.64		Articles consist of Household Utensils or Related Article	100500-04	175
		151	CS	1428.88		Articles consist of Household Utensils or Related Article	100500-05	125
		49	CS	946.39		Articles consist of Household Utensils or Related Article	100500-06	100
		74	CS	1040.73		Articles consist of Household Utensils or Related Article	100500-07	92.5
		12	CS	682.56		Articles consist of Household Utensils or Related Article	100500-08	85
		17	CS	255.00		Articles consist of Household Utensils or Related Article	100500-09	70
		32	CS	800.00		Articles consist of Household Utensils or Related Article	100500-11	60
		9	CS	178.20		Tools, hand, kitchen, NOI, other than power	101425-04	175
		53	CS	910.88		Tools, hand, kitchen, NOI, other than power	101425-06	100
		28	CS	508.95		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		41	CS	941.25		Tools, hand, kitchen, NOI, other than power	101425-09	70
		44	CS	422.40		Plastic or Rubber Articles	156600-04	175
		12	CS	682.56		Plastic or Rubber Articles	156600-08	85
		12	CS	440.64		Plastic or Rubber Articles	156600-09	70
		81	CS	2507.76		Plastic or Rubber Articles	156600-10	65
0		855		14523.30		GRAND TOTAL		

Printed: 11/12/2024 11:44:42 PST

BILL OF LADING

930472

Page 1

SHIP FROM

Name: Core Home
 Address: 13300 CARMENITA ROAD
 City/St/Zip: SANTA FE SPRINGS, CA 90670
 SID# 0001010097 Ship#

FOB: ☐

Bill Of Lading Number: 01965570000481727



(402) 01965570000481727

SHIP TO / CONSIGNEE

Name: Big Lots Stores / DC#0870
 CSC Distribution, Inc
 Address: 2855 Selma Hwy
 City/St/Zip: Montgomery, AL 36108
 CID#TMS: 14143891

3342866633 FOB: ☐

CARRIER NAME: JB HUNT INTERMODAL

Trailer number: 301370

Seal number(s): FO502508

SCAC: HJBI

Pro Number:

THIRD PARTY FREIGHT CHARGES BILL TO:

City/St/Zip:

SPECIAL INSTRUCTIONS:
 Load/Auth# 14143891

Appt.:09:00 am / Arrival.:09:36 am / Depart.:11:44 am

852379

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect ☒ 3rd Party _____
☐
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		SID#	MABD	DEPT	Pallet(s)	CBFT
0095653750	749	9,847.67	Y	N	0001010097	11/14/2024		23	2,000.26
			Y	N					
			Y	N					
			Y	N					
			Y	N					
GRAND TOTAL		749	10813.67	Includes Pallet Weight of 966.00 lbs					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE		
						GRAND TOTAL	Includes PLT Weight	

Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ per _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver/pallets said to conta☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

 11/15/24
 Property described above is received in good order, except as noted.

Date: 11/12/2024 11:44:42 PST



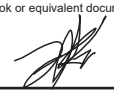
SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000481727

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		193	CS	1090.45		Articles consist of Household Utensils or Related Article	100500-03	250
		361	CS	4203.38		Articles consist of Household Utensils or Related Article	100500-04	175
		54	CS	1632.40		Articles consist of Household Utensils or Related Article	100500-05	125
		47	CS	1235.16		Articles consist of Household Utensils or Related Article	100500-06	100
		37	CS	747.40		Articles consist of Household Utensils or Related Article	100500-07	92.5
		18	CS	412.20		Articles consist of Household Utensils or Related Article	100500-09	70
		17	CS	336.60		Tools, hand, kitchen, NOI, other than power	101425-04	175
		22	CS	190.08		Plastic or Rubber Articles	156600-04	175
0		749		9847.67		GRAND TOTAL		

Printed: 11/12/2024 15:04:22 PST		BILL OF LADING		930528		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000482014  (402) 01965570000482014			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: JB HUNT Trailer number: JBHU293947 Seal number(s): FO502530 SCAC: HJBT Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#/TMS: 14147616 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14147616 Appt.:02:00 pm / Arrival.:02:56 pm / Depart.:03:04 pm 852942							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095653752		747	14,564.51	Y	N	0001010097	11/14/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		747	15572.51	Includes Pallet Weight of 1008.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
						SEE ATTACHED SUPPLEMENT PAGE	
						GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.	
						11-12-24 Property described above is received in good order, except as noted.	

Date: 11/12/2024 15:04:22 PST




SUPPLEMENT TO THE BILL OF LADING



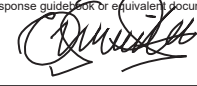
Page 2



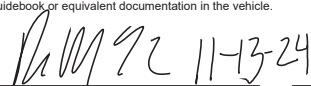
Bill Of Lading Number: 01965570000482014



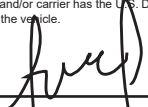
CARRIER INFORMATION



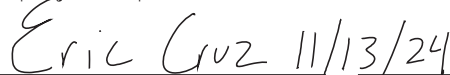
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		16	CS	384.00		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		4	CS	95.04		Cookware or Bakeware	052880-04	175
		242	CS	2761.10		Articles consist of Household Utensils or Related Article	100500-04	175
		116	CS	2249.88		Articles consist of Household Utensils or Related Article	100500-05	125
		71	CS	1747.10		Articles consist of Household Utensils or Related Article	100500-06	100
		71	CS	1253.48		Articles consist of Household Utensils or Related Article	100500-07	92.5
		11	CS	625.68		Articles consist of Household Utensils or Related Article	100500-08	85
		32	CS	606.40		Articles consist of Household Utensils or Related Article	100500-09	70
		16	CS	448.00		Articles consist of Household Utensils or Related Article	100500-11	60
		25	CS	495.00		Tools, hand, kitchen, NOI, other than power	101425-04	175
		49	CS	849.04		Tools, hand, kitchen, NOI, other than power	101425-06	100
		6	CS	101.03		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		15	CS	340.20		Tools, hand, kitchen, NOI, other than power	101425-09	70
		11	CS	625.68		Plastic or Rubber Articles	156600-08	85
		11	CS	403.92		Plastic or Rubber Articles	156600-09	70
		51	CS	1578.96		Plastic or Rubber Articles	156600-10	65
0		747		14564.51		GRAND TOTAL		




Printed: 11/13/2024 09:07:29 PST		BILL OF LADING		930465		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481680  (402) 01965570000481680			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 2006 Seal number(s): SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14139114 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139114 Appt.:08:00 am / Arrival.:08:15 am / Depart.:09:07 am 852462							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
0095637420		1492	14,382.10	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		1492	15096.10	Includes Pallet Weight of 714.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		81	CS	1880.40		Aluminum Articles, NOI, in boxes or crates	
		270	CS	2376.00		Aluminum Articles, NOI, in boxes or crates	
		280	CS	4320.40		Cooking, baking or heating utensils	
		861	CS	6519.30		Cooking, baking or heating utensils	
17		1492		15096.10		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 11/13/24 	
Property described above is received in good order, except as noted.							




Printed: 11/13/2024 10:32:52 PST		BILL OF LADING		931119		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485350  (402) 01965570000485350			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: STEAMLINK Trailer number: XPOU423445 Seal number(s): F0502519 SCAC: SONW Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14139116 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139116 Appt.:09:00 am / Arrival:09:35 am / Depart.:10:32 am 852464							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095642825		380	3,729.60	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		380	4401.60	Includes Pallet Weight of 672.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		380	CS	4401.60		Cookware or Bakeware	
16		380		4401.60		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of</small> 				Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was present, available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  11-13-24 Property described above is received in good order, except as noted.	



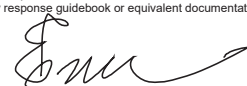
Printed: 11/13/2024 10:21:24 PST		BILL OF LADING		931117		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485336  (402) 01965570000485336			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: STEAMLINK Trailer number: XPOU412072 Seal number(s): F05025152 SCAC: SONW Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14139119, 14139119 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139119, 14139119 Appt..10:00 am / Arrival..09:37 am / Depart..10:21 am 852580							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
						DEPT	Pallet(s)
							CBFT
0095642828		166	1,776.20	Y	N	0001010097	10/31/2024
0095642825		166	1,759.60	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		332	4207.80	Includes Pallet Weight of 672.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	
						CLASS	
16		332	4207.80	GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of _____ 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 11/13/2024 17:00:24 EST		BILL OF LADING		927859		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000469633  (402) 01965570000469633			
Name: Core Home Address: 155 Knowlton Way Suite 300 City/St/Zip: Savannah, GA 31407 SID# 0001010097 Ship# 53443805 FOB: <input type="checkbox"/>							
SHIP TO / CONSIGNEE				CARRIER NAME: C.H. Robinson Trailer number: 222 Seal number(s): 63445534 SCAC: RBTW Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14135533 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14135533 Appt..03:00 pm / Arrival..01:37 pm / Depart..02:00 pm 850933							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095644277		215	2,379.50	Y	N	0001010097	11/01/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		215	2589.50	Includes Pallet Weight of 210.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		215	CS	2589.50		Aluminum Articles, NOI, in boxes or crates	
5		215		2589.50		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 11/13/2024 11:18:15 PST		BILL OF LADING		931118		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485343  (402) 01965570000485343			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: STEAMLINK Trailer number: XPOU4111269 Seal number(s): FO502534 SCAC: SONW Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14139122, 14139131 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139122, 14139131 Appt.: 11:00 am / Arrival: 09:59 am / Depart.: 11:17 am 852579							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
						DEPT	Pallet(s)
							CBFT
0095642825		235	2,807.65	Y	N	0001010097	10/31/2024
0095642828		250	2,637.50	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		485	6453.15	Includes Pallet Weight of 1008.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		463	CS	5705.75		Cookware or Bakeware	
		12	CS	544.32		Articles consist of Household Utensils or Related Articles	
		10	CS	203.08		Plastic or Rubber Articles	
24		485		6453.15		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of _____ 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/13/24 Property described above is received in good order, except as noted.	

Printed: 11/13/2024 11:34:06 PST		BILL OF LADING		931127		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485428  (402) 01965570000485428			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5315 Seal number(s): F3205548 SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14157053 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14157053 Appt.: 11:00 am / Arrival: 11:20 am / Depart: 11:33 am 855267							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095660777		67	589.60	Y	N	0001010097	11/14/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		67	631.60	Includes Pallet Weight of 42.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		67	CS	631.60		156600-07	92.5
1		67		631.60		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11-13-24 Property described above is received in good order, except as noted.	

Printed: 11/14/2024 09:57:11 PST		BILL OF LADING		931123		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485381  (402) 01965570000485381			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: MODE TRANSPORTATION Trailer number: 2250 Seal number(s): SCAC: MTLE Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14145202 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14145202 Appt.:01:00 pm / Arrival:08:56 am / Depart.:09:57 am 851289							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s) CBFT
0095638432		814	8,169.29	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		814	8967.29	Includes Pallet Weight of 798.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		222	CS	5148.96		Cookware or Bakeware	
		161	CS	966.00		Plastic or Rubber Articles	
		18	CS	123.12		Plastic or Rubber Articles	
		395	CS	2570.81		Plastic or Rubber Articles	
		18	CS	158.40		Plastic or Rubber Articles	
19		814		8967.29		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/14/24	
Property described above is received in good order, except as noted.							

Printed: 11/14/2024 11:40:36 PST		BILL OF LADING		931124		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000485398  (402) 01965570000485398					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: XPO LOGISITCS Trailer number: 5327 Seal number(s): SCAC: XPOL Pro Number:					
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14145203 5706952848 FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14145203 Appt.:09:00 am / Arrival:11:33 am / Depart.:11:40 am 851143									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION			
						SID#	MABD		
0095638432		703	12,463.68	Y	N	0001010097	10/31/2024		
				Y	N				
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL		703	13303.68	Includes Pallet Weight of 840.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE			
						GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/16/24 Property described above is received in good order, except as noted.			

Date: 11/14/2024 11:40:36 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000485398**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		39	CS	926.64		Articles consist of Household Utensils or Related Articles	100500-03	250
		116	CS	1987.20		Plastic or Rubber Articles	156600-05	125
		463	CS	6637.44		Plastic or Rubber Articles	156600-06	100
		38	CS	966.72		Plastic or Rubber Articles	156600-07	92.5
		22	CS	559.68		Plastic or Rubber Articles	156600-08	85
		25	CS	1386.00		Plastic or Rubber Articles	156600-11	60
0		703		12463.68		GRAND TOTAL		




Date: 11/14/2024 13:08:32 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000485404**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		1	CS	24.00		Cookware or Bakeware	052880-06	100
		56	CS	1391.76		Articles consist of Household Utensils or Related Article	100500-03	250
		82	CS	339.48		Plastic or Rubber Articles	156600-03	250
		125	CS	1991.28		Plastic or Rubber Articles	156600-04	175
		32	CS	467.30		Plastic or Rubber Articles	156600-05	125
		18	CS	432.00		Plastic or Rubber Articles	156600-06	100
		44	CS	264.00		Plastic or Rubber Articles	156600-07	92.5
0		358		4909.82		GRAND TOTAL		

Printed: 11/14/2024 13:34:39 PST		BILL OF LADING		931122		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485374  (402) 01965570000485374			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: STEAMLINK Trailer number: STTU433494 Seal number(s): SCAC: SONW Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14147618 5706952848 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14147618 Appt.: 11:00 am / Arrival: 12:46 pm / Depart: 01:34 pm 852847							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095653751		485	6,395.69	Y	N	0001010097	11/14/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		485	6941.69	Includes Pallet Weight of 546.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
						SEE ATTACHED SUPPLEMENT PAGE	
						GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/14/24 <div style="text-align: right;">Property described above is received in good order, except as noted.</div>	

Date: 11/14/2024 13:34:39 PST



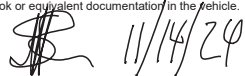
SUPPLEMENT TO THE BILL OF LADING



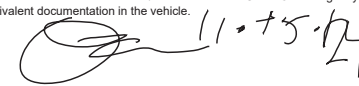
Page 2

Bill Of Lading Number: 01965570000485374

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		179	CS	1011.35		Articles consist of Household Utensils or Related Article	100500-03	250
		3	CS	49.20		Articles consist of Household Utensils or Related Article	100500-04	175
		44	CS	538.88		Articles consist of Household Utensils or Related Article	100500-05	125
		49	CS	1281.31		Articles consist of Household Utensils or Related Article	100500-06	100
		48	CS	909.56		Articles consist of Household Utensils or Related Article	100500-07	92.5
		18	CS	412.20		Articles consist of Household Utensils or Related Article	100500-09	70
		14	CS	302.40		Articles consist of Household Utensils or Related Article	100500-11	60
		9	CS	178.20		Tools, hand, kitchen, NOI, other than power	101425-04	175
		17	CS	159.12		Tools, hand, kitchen, NOI, other than power	101425-06	100
		26	CS	476.59		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
		26	CS	589.20		Tools, hand, kitchen, NOI, other than power	101425-09	70
		52	CS	487.68		Plastic or Rubber Articles	156600-04	175
0		485		6395.69		GRAND TOTAL		

Printed: 11/14/2024 14:30:00 PST		BILL OF LADING		930456		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481598  (402) 01965570000481598			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: UBER FREIGHT Trailer number: CFQU412010 Seal number(s): F0502560 SCAC: UFLB Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14139125-14139118 3342866633 FOB: <input type="checkbox"/>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) <div style="margin-left: 10px;">Master Bill of Lading: with attached underlying Bills of Lading</div> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139125-14139118 Appt.:02:00 pm / Arrival.:01:22 pm / Depart.:02:29 pm 852572							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
				SID#	MABD	DEPT	Pallet(s)
				CBFT			
0095642827		304	3,067.00	Y	N	0001010097	10/31/2024
0095637420		531	7,744.11	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		835	11903.11	Includes Pallet Weight of 1092.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		86	CS	1269.36		Aluminum Articles, NOI, in boxes or crates	
		445	CS	6474.75		Cooking, baking or heating utensils	
		304	CS	4159.00		Cookware or Bakeware	
26		835		11903.11		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight _____ Shipper Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of _____ 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to conta <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11/14/24 Property described above is received in good order, except as noted.	

Printed: 11/15/2024 09:54:11 PST		BILL OF LADING		931120		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000485367  (402) 01965570000485367					
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: STEAMLINK Trailer number: XPOU410991 Seal number(s): F0502559 SCAC: SONW Pro Number:					
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14147615 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14147615 Appt.:11:00 am / Arrival:08:57 am / Depart.:09:53 am 852846									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION				
					SID#	MABD	DEPT	Pallet(s)	
0095653751		803	14,379.41	Y N	0001010097	11/14/2024		26	
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		803	15471.41	Includes Pallet Weight of 1092.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
						SEE ATTACHED SUPPLEMENT PAGE			
						GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">_____ Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11.15.24 <div style="text-align: center;">Property described above is received in good order, except as noted.</div>			

Date: 11/15/2024 09:54:11 PST




SUPPLEMENT TO THE BILL OF LADING




Page 2



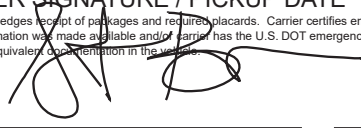
Bill Of Lading Number: 01965570000485367



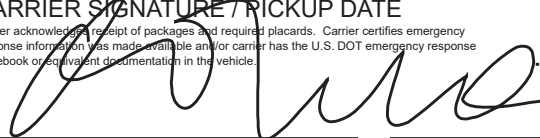
CARRIER INFORMATION



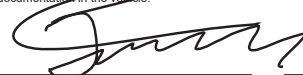
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		16	CS	384.00		Aluminum Articles, NOI, in boxes or crates	013120-06	100
		5	CS	118.80		Cookware or Bakeware	052880-04	175
		342	CS	4118.76		Articles consist of Household Utensils or Related Article	100500-04	175
		144	CS	2307.80		Articles consist of Household Utensils or Related Article	100500-05	125
		39	CS	717.50		Articles consist of Household Utensils or Related Article	100500-06	100
		55	CS	731.97		Articles consist of Household Utensils or Related Article	100500-07	92.5
		11	CS	625.68		Articles consist of Household Utensils or Related Article	100500-08	85
		16	CS	240.00		Articles consist of Household Utensils or Related Article	100500-09	70
		16	CS	448.00		Articles consist of Household Utensils or Related Article	100500-11	60
		16	CS	316.80		Tools, hand, kitchen, NOI, other than power	101425-04	175
		32	CS	689.92		Tools, hand, kitchen, NOI, other than power	101425-06	100
		14	CS	328.58		Tools, hand, kitchen, NOI, other than power	101425-09	70
		11	CS	625.68		Plastic or Rubber Articles	156600-08	85
		11	CS	403.92		Plastic or Rubber Articles	156600-09	70
		75	CS	2322.00		Plastic or Rubber Articles	156600-10	65
0		803		14379.41		GRAND TOTAL		




Printed: 11/15/2024 13:40:07 PST		BILL OF LADING		931126		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000485411  (402) 01965570000485411			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: XPO LOGISITCS Trailer number: L21215 Seal number(s): FO502502 SCAC: XPOL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14145206 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14145206 Appt.: 01:00 pm / Arrival: 12:08 pm / Depart.: 01:39 pm 851138							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095638432		353	7,372.44	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		353	8590.44	Includes Pallet Weight of 1218.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		9	CS	1396.20		052880-04	175
		226	CS	3898.74		100500-03	250
		28	CS	965.10		100500-04	175
		90	CS	2330.40		156600-04	175
29		353		8590.44		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 	
Property described above is received in good order, except as noted.							



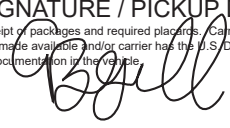
Printed: 11/19/2024 16:18:12 PST		BILL OF LADING		930457		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000481604  (402) 01965570000481604			
Name: Core Home Address: 13300 CARMENITA ROAD City/St/Zip: SANTA FE SPRINGS, CA 90670 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: BBI LOGISTICS Trailer number: 02 Seal number(s): F0502576 SCAC: BBIL Pro Number:			
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#TMS: 14139120-14139132 <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="display: flex; align-items: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14139120-14139132 Appt.: 01:00 pm / Arrival: 04:03 pm / Depart: 04:18 pm 852584							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	SID#	ADDITIONAL SHIPPER INFORMATION	
						MABD	DEPT
						Pallet(s)	CBFT
0095642829		270	3,046.60	Y N	0001010097	10/31/2024	22 1,089.65
0095642829		208	1,910.65	Y N	0001010097	10/31/2024	0 713.06
				Y N			
				Y N			
				Y N			
GRAND TOTAL		478	5881.25	Includes Pallet Weight of 924.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		478	CS	5881.25		052880-03	250
22		478		5881.25		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  11-19-24 Property described above is received in good order, except as noted.	

Printed: 11/20/2024 11:42:05 PST		BILL OF LADING		929060		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000474903  (402) 01965570000474903			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: BFS LOGISTICS Trailer number: 2537 Seal number(s): F3205655			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14135530 5706952848 FOB: <input type="checkbox"/>				SCAC: BFSL Pro Number:			
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14135530 Appt.: 03:00 pm / Arrival: 11:02 am / Depart: 11:41 am 849812							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637421		985	15,120.44	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		985	15876.44	Includes Pallet Weight of 756.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		129	CS	2660.04		Aluminum Articles, NOI, in boxes or crates	
		405	CS	6682.50		Aluminum Articles, NOI, in boxes or crates	
		451	CS	6533.90		Cooking, baking or heating utensils	
18		985		15876.44		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 	
Property described above is received in good order, except as noted.							

Printed: 11/20/2024 15:08:41 PST		BILL OF LADING		929059		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000474897  (402) 01965570000474897			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: BFS LOGISTICS Trailer number: W97997 Seal number(s): F3205658 SCAC: BFSL Pro Number:			
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14135531 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small> </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14135531 Appt..03:00 pm / Arrival..01:51 pm / Depart..03:08 pm 849811							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP <small>(CIRCLE ONE)</small>		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095637421		1501	16,224.35	Y	N	0001010097	10/31/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		1501	16938.35	Includes Pallet Weight of 714.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			LTL ONLY	
						NMFC #	CLASS
		330	CS	5796.51		Aluminum Articles, NOI, in boxes or crates	013120-08 85
		322	CS	4685.10		Cooking, baking or heating utensils	052860-07 92.5
		849	CS	6456.74		Cooking, baking or heating utensils	052860-08 85
17		1501		16938.35		GRAND TOTAL	Includes PLT Weight
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 11/21/2024 14:17:15 PST		BILL OF LADING		932290		Page 1		
SHIP FROM				Bill Of Lading Number: 01965570000491245  (402) 01965570000491245				
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>								
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 924 Seal number(s): F3205698				
Name: Big Lots Stores - DC# 0879 Durant DC, LLC Address: 2306 Enterprise Dr City/St/Zip: Durant, OK 74701 CID#TMS: 14172239 <div style="text-align: right;">FOB: <input type="checkbox"/></div>				SCAC: RBCL Pro Number:				
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____				
City/St/Zip:								
SPECIAL INSTRUCTIONS: Load/Auth# 14172239 Appt..01:00 pm / Arrival..01:58 pm / Depart..02:17 pm 858007				<div style="text-align: center;"> <input type="checkbox"/> (check box) </div> Master Bill of Lading: with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION			
					SID#	MABD	DEPT	Pallet(s)
0095458183		19	695.40	Y N	0001010097	11/18/2024		1
				Y N				
				Y N				
				Y N				
				Y N				
GRAND TOTAL		19	737.40	Includes Pallet Weight of 42.00 lbs				
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #
		19	CS	737.40		Tools, hand, kitchen, NOI, other than power		101425-09
1		19		737.40		GRAND TOTAL		
						Includes PLT Weight		
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).								
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 		
Property described above is received in good order, except as noted.								

Printed: 11/22/2024 12:48:47 EST		BILL OF LADING		929606		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000477294  (402) 01965570000477294					
Name: Core Home Address: 155 Knowlton Way Suite 300 City/St/Zip: Savannah, GA 31407 SID# 0001010097 Ship# 53443805 FOB: <input type="checkbox"/>									
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 5309 Seal number(s): 63445598 SCAC: RBCL Pro Number:					
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14143324 5706952848 FOB: <input type="checkbox"/>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14143324 Appt.: 12:00 pm / Arrival: 09:21 am / Depart: 09:48 am 850939									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION				
					SID#	MABD	DEPT	Pallet(s)	
0095644278		323	3,480.10	Y N	0001010097	10/31/2024		6	
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		323	3732.10	Includes Pallet Weight of 252.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
		323	CS	3732.10		Aluminum Articles, NOI, in boxes or crates		013120-06	100
6		323		3732.10		GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	

Printed: 11/22/2024 11:46:15 PST		BILL OF LADING		929595		Page 1			
SHIP FROM				Bill Of Lading Number: 01965570000477287  (402) 01965570000477287					
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>									
SHIP TO / CONSIGNEE				CARRIER NAME: BLUE GRACE Trailer number: 1144 Seal number(s): F3205631 SCAC: BGLF Pro Number:					
Name: Big Lots Stores / DC# 0874 CloseOut Distribution, Inc Address: 50 Rausch Creek Rd City/St/Zip: Tremont, PA 17981 CID#TMS: 14135527 <div style="text-align: right;">5706952848 FOB: <input type="checkbox"/></div>									
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>					
City/St/Zip:									
SPECIAL INSTRUCTIONS: Load/Auth# 14135527 Appt.: 11:00 am / Arrival: 10:46 am / Depart: 11:46 am 849995									
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFORMATION				
					SID#	MABD	DEPT	Pallet(s)	
0095637421		1390	17,171.85	Y N	0001010097	10/31/2024		18	
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL		1390	17927.85	Includes Pallet Weight of 756.00 lbs					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
		905	CS	14290.35		Cooking, baking or heating utensils		052860-07	92.5
		485	CS	3637.50		Cooking, baking or heating utensils		052860-08	85
18		1390		17927.85		GRAND TOTAL		Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).									
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>			
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 			
Property described above is received in good order, except as noted.									



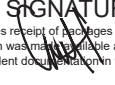
Date: 11/26/2024 11:53:46 PST

SUPPLEMENT TO THE BILL OF LADING

Page 2

Bill Of Lading Number: 01965570000474965**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		206	CS	1244.30		Glassware	088160-10	65
		8	CS	157.44		Articles consist of Household Utensils or Related Article	100500-05	125
		96	CS	1900.80		Articles consist of Household Utensils or Related Article	100500-06	100
		78	CS	2115.36		Articles consist of Household Utensils or Related Article	100500-07	92.5
		23	CS	460.80		Articles consist of Household Utensils or Related Article	100500-08	85
		53	CS	302.10		Tools, hand, kitchen, NOI, other than power	101425-05	125
		16	CS	374.14		Tools, hand, kitchen, NOI, other than power	101425-07	92.5
0		480		6554.94		GRAND TOTAL		

Printed: 12/12/2024 11:20:23 PST		BILL OF LADING		935785		Page 1	
SHIP FROM				Bill Of Lading Number: 01965570000505638  (402) 01965570000505638			
Name: Core Home Address: 1495 N. Tamarind Ave City/St/Zip: Rialto, CA 92376 SID# 0001010097 Ship# <div style="text-align: right;">FOB: <input type="checkbox"/></div>							
SHIP TO / CONSIGNEE				CARRIER NAME: CH ROBINSON Trailer number: 2831 Seal number(s): F3205667 SCAC: RBCL Pro Number:			
Name: Big Lots Stores / DC#0870 CSC Distribution, Inc Address: 2855 Selma Hwy City/St/Zip: Montgomery, AL 36108 CID#TMS: 14239586 <div style="text-align: right;">3342866633 FOB: <input type="checkbox"/></div>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u> X </u> 3 rd Party _____ <div style="text-align: center;"> <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading </div>			
City/St/Zip:							
SPECIAL INSTRUCTIONS: Load/Auth# 14239586 Appt.: 11:00 am / Arrival: 10:59 am / Depart: 11:20 am 863955							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT lbs	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFORMATION	
						SID#	MABD
0095715467		56	572.26	Y	N	0001010097	12/05/2024
				Y	N		
				Y	N		
				Y	N		
				Y	N		
GRAND TOTAL		56	614.26	Includes Pallet Weight of 42.00 lbs			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT lbs	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	
		45	CS	460.50		Aluminum Articles, NOI, in boxes or crates	
		2	CS	76.00		Articles consist of Household Utensils or Related Articles	
		9	CS	77.76		Plastic or Rubber Articles	
1		56		614.26		GRAND TOTAL	
						Includes PLT Weight	
Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature</div>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT. 				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT Emergency response guidebook or equivalent documentation in the vehicle.  12-12-24	
Property described above is received in good order, except as noted.							